| CSENDER; COMPLETE THIS SECTION DO | COMPLETE THIS SECTION ON DELIVERYOO7 Page 1 of 1 |
|--|---|
| ■ Complete items 1, 2, and 3. Also complete litem 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael R. Gray 500 IDS Center | A. Signature X. Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| 80 South Eighth Street Minnea polis, Minnes ota 55402 | 3. Service Type **Difference Control |
| 2. Article Number 7003 3110 | 0003 7320 7580 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 |